

REELING SPECIFICATION REQUEST

Date:

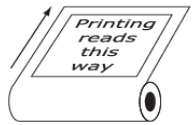
To:

Your Order No / Reference: _____

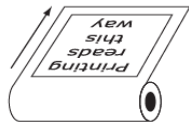
Please complete or select from the following to confirm your reeling specification for the above order:-

1 **Hand or machine applied:** _____
(If hand applied you only need to complete the remaining points if you have a specific requirement)

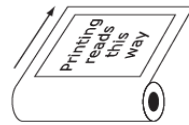
2 **Lead direction:** _____ *Please select from the following;*



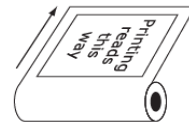
1. Head leading wound outside.



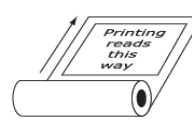
2. Foot leading wound outside.



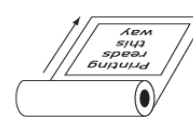
3. Right hand edge leading wound outside.



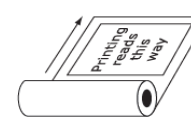
4. Left hand edge leading wound outside.



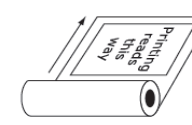
5. Head leading wound inside.



6. Foot leading wound inside.



7. Right hand edge leading wound inside.



8. Left hand edge leading wound inside.

3 **Core size:** _____ mm I.D

4 **Minimum Outer Diameter:** _____ mm O.D*

5 **Maximum Outer Diameter:** _____ mm O.D

6 **Reel quantity:** _____ *

** Only specify if applicable*

Please detail any additional information here: